

Quick Wins and Longer term Strategies

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The Hospital Health Equity Plans revealed and reinforced a number of near-term actions or quick wins' that could be undertaken in the next year that would address significant health equity issues and accelerate progress on longer-term needs

- **Potential “Quick Win” Coordination:** TCLHIN needs to develop and implement a near-term action plan in the next six months. In addition to addressing significant issues, implementing some of these initiatives can lead to greater buy-in from hospitals for the process of addressing health inequities. Such an action plan will need to be developed collaboratively with the hospitals and community providers. It will need to leverage existing collaborations and activities; address barriers and challenges identified in TCLHIN planning and community engagement, and pull the range of equity-focused initiatives together into a coherent overall strategy. Initiatives that need immediate attention and where there are opportunities for immediate action and progress include:
 - **Coordination of services for language interpretation/ translation services.** Lack of services and challenges of fragmentation and coordination were identified as critical barriers in many plans. The potential to build on existing interpretation resources and expertise and develop a more coordinated system is immense and realizable;
 - **Coordinating best practice dissemination.** The very process of collecting program information on the large number of equity initiatives in the hospital plans and sharing the plans highlighted the fact that this

kind of information has seldom been systematically shared. It points to the value of creating forums and mechanisms for exchanging promising practices and lessons learned.

Immediate action to develop a performance measurement and management system for health equity. These are all projects that could be initiated within months and have timelines of no more than a year. They will all build organizational and system momentum for change on equity and will together flesh out a coherent overall strategy.

- **Refresh Hospital Health Equity Plans:** Hospitals should be required to refresh their plan for addressing health equities within the next year. Some of the questions the plan needs to address include: What coherent set of activities do the hospitals propose to do to impact health inequities? What is their timeline of impact? How will success be defined in the short and long run?
- **A coordinated data collection strategy:** The TC LHIN could immediately establish a workgroup consisting of key hospital and community stakeholders to help address some of the data needs identified. The workgroup should make concrete recommendations for a hospital level data collection system to the LHIN within a year.
- **Build Equity Into Service Accountability Agreements:** There is an opportunity to build obligations into the Hospital Service Accountability Agreements including that hospitals are to participate in “quick win” initiatives such as a TCLHIN interpretation service, and collecting a common dataset.

- **Conduct a ‘Taking Stock’ Annual Forum for Health Service Providers:** The LHIN could take the lead in organizing an annual forum for health service providers to report on their equity-focused program planning, service delivery and outreach initiatives. This annual forum would provide opportunities to learn from the multiple stakeholders involved in addressing health inequities and to take stock on where the various organizations are in responding to health inequities.
- **Project to make recommendations on integrating health equity perspectives within existing balanced scorecards or other strategic planning and performance management tools:** A critical task for the LHIN will be to provide guidance to incorporate health equity considerations into hospital balanced scorecards and other key planning processes. The LHIN will also need to explore if such integration of health equity considerations into balanced scorecards can be done uniformly across all hospitals. To implement this, TCLHIN needs to consider funding a collaborative project to help integrate health equity considerations into hospital balanced scorecards or similar tools. The project should consider how guiding principles and lessons learned in this hospital specific initiative can also be extended to other health service providers.

The significance and impact of these recommendations will extend far beyond Toronto Central. TCLHIN should liaise with MOHLTC and other LHINs as its action plans are developed and as the specific projects progress. It is quite possible that some of these initiatives should be conceived as joint projects of Toronto Central and other LHINs

Building into the mid and longer term

TCLHIN also need to take the lead in addressing a number of vital mid to longer term challenges and possible lines of action. Key directions include:

- Analyzing the implications of the very different missions, scope of services and resources of the various hospitals: for example, what is the most effective mix of hospital-specific and common measures? How can this be incorporated into Service Accountability Agreements? It is important to note that these questions will be as critical and likely more complicated when the LHIN considers health equity measures for the community and long-term care sectors in years to come.
- Related to the point above, the TC LHIN and hospitals will need to figure out what indicators are best to assess at an individual hospital level, and what to monitor at a system-wide level. Where there are different equity objectives and indicators, how can they be effectively dovetailed?
- Developing better understanding of the cost of health disparities and the cost-effectiveness of different interventions
- Further developing a coherent evaluation and monitoring strategy to be able to assess progress, identify successful and promising programs and services, and build on what works well
- Building effective and responsive partnerships between hospitals and community. This includes thinking through how to use hospital and eventually community HSP health equity plans and accountability agreements as mechanisms to promote cross-sectoral partnerships (e.g. through joint hospital and community equity planning efforts on a sector or neighbourhood basis) .